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BOROUGH OF DARWEN.

EDUCATION COMMITTEE.

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

FOR THE YEAR 1924,

BY

James Robertson,

M.B., C.M., D.P.H.,

MEDICAL OFFICER OF HEALTH

And School Medical Officer.

DARWEN:
Printed by the Exors. of J. J. Riley. "News" Office.
MCMXXV.

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1924--25.

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School Medical Officer :

JAMES ROBERTSON, M.B., C.M., D.P.H.

School Dentist (Part Time) :

JOHN R. TOWNEND.

Ophthalmic Surgeon (Part Time) :

A. BARRIE BROWNLEE, M.D., F.R.C.S.E.

School Nurse :

Miss E. MYCOCK.

Clerk :

Miss E. FISH.

SCHOOL CLINICS.

Name.	Address.	Purpose.	Hours.
Inspection Clinic.	Holker House, Railway Road.	Special examination of cases referred by Teachers, School Attendance Officers, and School Nurse.	Tuesdays and Thursdays, 4—5.
Minor Ailments Clinic.	Holker House, Railway Road.	Treatment of Minor Ailments.	Every Afternoon, 4—5-30.
Ophthalmic Clinic.	Holker House, Railway Road.	Refraction Errors and Prescription of Glasses.	Thursdays.
Dental Clinic.	Holker House, Railway Road.	Dental Treatment.	Fridays.
Throat and Nose Clinic.	Blackburn and East Lancs. Infirmary.	Operative Treatment of Tonsils and Adenoids.	By Arrangement.

HEALTH OFFICE,
DARWEN.
APRIL, 1925.

To the Chairman and Members of the Education Committee of the Borough of Darwen.

Ladies and Gentlemen,

I have pleasure in presenting to you my Second Annual Report on the Medical Inspection of the School Children.

I am, Ladies and Gentlemen,
Your obedient Servant,
JAMES ROBERTSON,
School Medical Officer.

NUMBER OF SCHOOLS AND CHILDREN.

There are 9 Council and 10 Non-Provided Schools in the Borough.

	No. of. Schools.	No. on Rolls.	Average Attendance.
Council Schools	9	1,993	1,399
Church of England	8	2,246	1,575
Roman Catholic	2	722	712
Other Denominations	—	—	—
Total	19	4,961	3,686

The rateable value of the Borough, 1923-24, was £218,855 5s. 0d., the total cost of Medical Inspection and Treatment for the year ending March, 1924, was £1,161 8s. 1d. The Government grant received towards this expenditure was £580 14s. 0½d., thus leaving to be a charge on the rates the sum of £580 14s. 0½d., being equivalent to 0.70 of a penny rate.

MEDICAL INSPECTION.

The figures in this report, as in the former reports of my late predecessor, refer to age groups classified thus:—

ENTRANTS represent children age 5 to 6.
INTERMEDIATES represent children age 8 to 9.
LEAVERS represent age 12 to 14.

TABLE I.—RETURN OF MEDICAL INSPECTIONS.

A. ROUTINE MEDICAL INSPECTIONS.

Number of Code Group Inspections	
Entrants	207
Intermediates	423
Leavers — 12 years of age	505
Leavers — 14 years of age	512
Total	1,647
Number of other Routine Inspections	271

B. OTHER INSPECTIONS.

Number of Special Inspections	38
Number of Re-inspections	351
Total	389

FINDING OF MEDICAL INSPECTION.

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1924.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
Malnutrition	10	151	—	—
Uncleanliness	343	225	—	—
(See Table IV., Group V.)				
Skin—				
Ringworm :				
Scalp	2	—	—	—
Body	—	—	—	—
Scabies	—	—	1	—
Impetigo	9	—	—	—
Other Diseases (Non-Tuberculous)	5	1	2	—
Eye—				
Blepharitis	18	—	1	—
Conjunctivitis	2	—	1	—
Keratitis	—	—	—	—
Corneal Opacities	—	—	—	—
Defective Vision (excluding Squint)	184	169	6	—
Squint	10	8	—	—
Other Conditions	4	1	—	—
Ear—				
Defective Hearing	5	2	—	—
Otitis Media	5	—	3	—
Other Ear Diseases	3	—	—	. .

(1)	(2)	(3)	(4)	(5)
Nose and Throat—				
Enlarged Tonsils only	50	46	4	3
Adenoids only	2	—	—	2
Enlarged Tonsils and Adenoids	3	—	1	—
Other Conditions	1	2	1	2
Enlarged Cervical Glands (Non-Tuberculous)	—	4	—	—
Defective Speech	—	14	1	1
Teeth—Dental Diseases (see note a) (See Table IV., Group V.)	22	—	—	—
Heart and Circulation—				
Heart Disease :				
Organic	2	—	—	—
Functional	—	12	—	—
Anæmia	23	—	—	—
Lungs—				
Bronchitis	8	9	—	—
Other Non-Tuberculous Diseases	—	—	—	—
Tuberculosis—				
Pulmonary :				
Definite	—	—	—	—
Suspected	—	—	—	—
Non-Pulmonary :				
Glands	1	5	2	—
Spine	—	—	—	—
Hip	—	—	—	—
Other Bones and Joints	—	—	—	—
Skin	—	—	—	—
Other Forms	—	—	—	—
Nervous System—				
Epilepsy	—	1	—	—
Chorea	—	—	—	—
Other Conditions	—	—	—	—
Deformities—				
Rickets	6	7	—	—
Spinal Curvature	2	17	—	—
Other Forms	3	5	3	—
Other Defects and Diseases	2	3	4	—

B. NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING UNCLEANLINESS AND DENTAL DISEASES).

Group.	Number of Children.		Percentage of Children found to require treatment.
(1)	Inspected. (2)	Found to require treatment. (3)	(4)
Code Groups :			
Entrants	207	30	14.49%
Intermediates	423	86	20.3%
Leavers	1,017	187	18.38%
Total (Code Groups)	1,647	303	18.39%
Other Routine Inspections	271	43	15.86%

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

TABLE III.

	Boys.	Girls.	Total
Blind (including partially blind)—			
(i) Suitable for training in a School or Class for the totally blind—			
Attending Certified Schools or Classes for the Blind	—	—	—
Attending Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—
(ii) Suitable for training in a School or Class for partially blind—			
Attending Certified Schools or Classes for the Blind	—	—	—
Attending Public Elementary Schools	—	2	2
At other Institutions	—	—	—
At no School or Institution	—	—	—
Deaf (including deaf and dumb and partially deaf)—			
(i) Suitable for training in a School or Class for the totally deaf or deaf and dumb—			
Attending Certified Schools or Classes for the Deaf	1	2	3
Attending Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—

	Boys.	Girls.	Total.
(ii) Suitable for training in a School or Class for the partially deaf—			
Attending Certified Schools or Classes for the Deaf	—	—	—
Attending Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—
Mentally Defective—			
Feebleminded (cases not notifiable to the Local Control Authority)—			
Attending Certified Schools for Mentally Defective Children	—	—	—
Attending Public Elementary Schools	6	3	9
At other Institutions	—	2	2
At no School or Institution	—	—	—
Notified to the Local Control Authority during the year—			
Feebleminded	—	—	—
Imbeciles	—	—	—
Idiots	—	—	—
Epileptics—			
Suffering from severe epilepsy—			
Attending Certified Special Schools for Epileptics	—	—	—
In Institutions other than Certified Special Schools	—	—	—
Attending Public Elementary Schools	—	—	—
At no School or Institution	—	—	—
Suffering from epilepsy which is not severe—			
Attending Public Elementary Schools	2	—	2
At no School or Institution	—	—	—
Physically Defective—			
Infectious pulmonary and glandular tuberculosis—			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
At other Institutions	—	—	—
At no School or Institution	—	—	—

	Boys.	Girls.	Total.
Non-infectious but active pulmonary and glandular tuberculosis—			
At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board	—	—	—
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	—	—	—
At Public Elementary Schools	1	1	2
At other Institutions	—	—	—
At no School or Institution	1	—	1
Delicate children (e.g., pre or latent tuberculosis, malnutrition, debility, anæmia, etc.)—			
At Certified Residential Open Air Schools	—	—	—
At Certified Day Open Air Schools	—	—	—
At Public Elementary Schools	24	22	46
At other Institutions	—	—	—
At no School or Institution	—	—	—
Active non-pulmonary tuberculosis—			
At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board	—	—	—
At Public Elementary Schools	—	—	—
At other Institutions	—	—	—
At no School or Institution	1	—	1
Crippled Children (other than those with active tuberculous disease), e.g., children suffering from paralysis, etc., and including those with severe heart disease—			
At Certified Hospital Schools	—	—	—
At Certified Residential Cripple Schools	—	—	—
At Certified Day Cripple Schools	—	—	—
At Public Elementary Schools	29	20	49
At other Institutions	—	—	—
At no School or Institution	—	—	—

TREATMENT TABLE.

TABLE IV.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DECEMBER, 1924.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect.	No of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—			
Ringworm—Scalp	29	—	29
Ringworm—Body	41	1	42
Scabies	2	—	2
Impetigo	26	—	26
Other skin disease	28	—	28
Minor Eye Defects (External and other, but excluding cases falling in Group II.)	34	—	34
Minor Ear Defects	45	1	46
Miscellaneous (e.g., minor injuries, bruises, sores, chilblains, etc.).	168	8	176
Total	373	10	383

GROUP II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	No. of Defects dealt with.			
	Under the Authority's Scheme.	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint) (Operations for squint should be recorded separately in the body of the Report)	217	5	—	222
Other Defect or Diseases of the Eyes (excluding those recorded in Group I.)	4	—	—	4
Total	221	5	—	226

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	182
(b) Otherwise	5

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	63
(b) Otherwise	86

GROUP III.—Treatment of Defects of Nose and Throat

Number of Defects.

Received Operative Treatment.

Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total number treated. (5)
37	11	48	3	51

GROUP IV.—Dental Defects.

(1) Number of Children who were—	
(a) Inspected by the Dentist :	
Routine Age Groups : 5 years, 248 ; 6 years 234 ; 7 years 349 ; 8 years 413 ; 9 years, 479 ; 10 years 483 ; 11 years, 494 ; 12 years, 373 ; 13 years 189 ; Total	3262
Specials	29
Grand Total	3291
(b) Found to require treatment	1033
(c) Actually treated	584
(d) Re-treated during the year as the result of periodical examination	57
(2) Half-days devoted to—Inspection 25 ; Treatment, 57 ; Total	82
(3) Attendances made by children for treatment	594
(4) Fillings—Permanent teeth, 319 ; Temporary teeth, 101 ; Total	420
(5) Extractions—Permanent teeth, 22 ; Temporary teeth, 881 ; Total	903
(6) Administrations of general anæsthetics for extractions	—
(7) Other operations—Permanent teeth, 26 ; Temporary teeth, 25 ; Total	51

GROUP V.—Uncleanliness and Verminous Conditions.

(i.)	Average number of visits per school made during the year by the School Nurses	3.8
(ii.)	Total number of examinations of children in the Schools by School Nurses	10,210
(iii.)	Number of individual children found unclean	734
(iv.)	Number of children cleansed under arrangements made by the Local Education Authority	123
(v.)	Number of cases in which legal proceedings were taken—	
	(a) Under the Education Act, 1921	—
	(b) Under School Attendance Byelaws	—

ENLARGED THYROID.

In making a study of this condition I examined all the children as regards the Thyroid, and my findings for 1924 are recorded in the following table:—

	Degrees of enlargement						No. of Children Examined.		Percentage with Enlarged Thyroids.
	(+)		(+ +)		(+ + +)				
Age.	M.	F.	M.	F.	M.	F.	M.	F.	
5	—	2	—	—	—	—	107	100	1.0
6	1	2	—	—	—	1	64	53	3.0
7	1	1	—	—	—	—	6	5	—
8	1	9	3	3	—	—	198	225	3.6
9	—	3	2	1	—	2	60	76	5.0
10	—	—	—	—	—	—	1	5	—
11	—	—	—	—	—	—	—	1	—
12	31	34	5	10	1	1	263	242	16.0
14	2	5	—	2	—	—	259	253	2.0
Total...	36	56	10	16	1	4	958	960	6.4

The table is interesting in that it shows an increase in the percentage of enlargements at or about the age of 12 years. There was however only one girl with a definite exophthalmos

The Thyroid Gland is stated to have many functions in regard to growth, metabolism, and immunity, and having all these functions it is not surprising to find enlarged thyroid in all types and sizes of children at the same age. In studying the groups 12 and 14 years of age, and taking the smallest child in height and the tallest I find a difference of 16 inches in each group, and a difference in weight of 56 lbs. at age 12, and 140 lbs. at age 14, the smallest in stature not necessarily being the lightest in weight. Enlarged thyroids were found in all these variations, and with the exception of 11 children physical examination and observation supplied no evidence that these 123 children with thyroid enlargement differed from the children whose thyroids appeared normal.

In regard to the 11 children referred to, an interesting field of study presented itself, and led me to adopt the following classification :—

TYPE I.	TYPE II.	TYPE III..	TYPE IV.
CRETINOID.	THYROID.	PITUITARY.	APPEAR NORMAL.
2.	6.	3.	115.

The total number of children with enlarged thyroids was 123 and they were distributed as shown under Types 1, 2, 4. In Type 3 the thyroid appeared normal.

DESCRIPTION OF TYPES.

TYPE 1. These two children were mentally normal, but were small of stature, having short somewhat thick bones, inclined to stoutness, muscles firm but generally not well made, there was no evidence of rickets. They had the appearance only of a Cretin.

TYPE 2. These 6 children ; 5 girls and 1 boy ; were all age 12 to 14, were tall, thin, excitable, reflexes active, in height 58 to 63 inches, their skin was thin, and had a marked transparency, muscles small but firm, bones small.

TYPE 3. Here I examined 2 boys, 1 girl ; they varied in height from 63 to 67 inches. They were all heavily built, large boned, large hands and feet, muscles large and firm, skin thick to touch. The face has an adult appearance with thick rose, mentally these children were slow but plodders, and kept up to the standard of their age, and in nature kindly disposed.

The following Table represents the extremes in height and weight found in these two age groups, and gives variation from the average.

	HEIGHTS.				**AVERAGE.**			
	12 Years.		14 Years.		12 Years.		14 Years.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lowest ...	47″	46½″	49½″	54″	53.82″	53.6″	57.29″	57.72″
Greatest ...	62½″	63″	65½″	67″				

	WEIGHTS.				**AVERAGE.**			
	12 Years.		14 Years.		12 Years.		14 Years.	
	M.	F.	M.	F.	M.	F.	M.	F.
Lowest...	49½lbs.	50lbs.	50¼lbs.	50lbs.	69.1lbs.	68.4lbs.	82.2lbs.	84.2lbs.
Greatest..	102lbs.	105½lbs.	137lbs.	198lbs.				

In all girls until about the age of 14 years the pelvic girdle lies within the shoulder girdle, when it begins to become larger than the shoulder girdle, and thus the girl begins to take the shape of a woman, in this we have gonad activity manifesting itself.

In studying the growing child the balance and interplay of all the endocrine glands can be observed as factors necessary to proper all-round development.

It is possible that all these glands may depart from a perfect normal balance, say a fraction of a decimal point, and thus in their functional interplay, cause various types of build, and produce our varying temperaments, and varying mental ability, and at the same time group most of us within a reasonable circle, having the mean child as its centre, and only when some gland makes a large departure, and thereby becomes dominant in its action, do we show observable departures from the average normal.

During this age period, 12 to 14 or 16 years, are these glands trying to secure a balance?

The question of food, habits, environment, and sickness must operate here.

Is the toneless flabby child, the result of a hypo-activity of the supra-renals?

LEAVERS.

The grading of the "Leavers" at age 14, after careful examination is very valuable, not only in the interests of the child, but also in the interests of the employer. It is true that so far as the school service is concerned, these children are not followed up, but their parents are advised, and this advice is generally acted upon.

I supply the following table, which shows that some defect in vision is the most outstanding one, and suggests the advisability of having vision tests of all workers, which will, in my opinion, if carried out, not only lessen accidents but would be a means of increasing output and improve the quality of the work done.

LEAVERS.—Graded in terms of physical condition.

		DEFECTIVE								
	Normal	Vision	Hearing	Throat and Nose	Lungs	Heart	Small build	Mal-nutrition	Crippled	Two or more defects
Group.	1	2	3	4	5	6	7	8	9	10
Males	172	55	1	7	3	1	6	4	6	4
Females	184	51	—	4	—	1	3	2	4	4

SENIOR GIRLS.

During the medical examination of these girls the School Nurse found that menses had commenced in 22% of those attending school. These circumstances call for special attention. A lady teacher should be responsible for the special care of these girls, and should get to know them, in this she can be helped by the School Nurse. There ought to be a special convenience in each school for them, the key of which should be in charge of the said teacher. Further, I suggest that some wrapped sanitary towels should be available. Education in hygiene can be applied here.

HYGIENE.

The Education Committee adopted a scheme whereby the girls over 13 years of age should attend the Maternity and Child Welfare Centre on two afternoons, thereby giving an attendance of five hours to this subject.

The Secretary of Education arranges the schools in sequence. The senior girls of a school come to the Welfare Centre in charge of their teacher. They give 2½ hours' attendance on a given day one week, followed by 2½ hours' attendance upon the same day during the next week, and thus completing this school's attendance. Girls from another school follow and have similar instruction. This successive arrangement goes on until all the senior girls have passed through the Centre.

INSTRUCTION GIVEN.

FIRST DAY'S ATTENDANCE:—Wall diagrams are explained. The Medical Officer speaks to the girls upon GROWTH and CLOTHING, and extends the talk to the growth and clothing of the girls themselves. The address is accompanied by blackboard illustrations.

The girls are then placed under the charge of a Nurse who further explains clothing, and shows to the girls model sets (natural size) for babies, toddlers, and grown-ups , supplies them with patterns, and gives them other details for entry in their notebooks.

They then pass on to a second Nurse, in charge of the weighing room. Here they see the babies stripped and weighed, they observe and have explained to them the record cards, and the uses of a Child Welfare Centre.

SECOND VISIT :—The Medical Officer speaks to the girls regarding the care of the skin, teeth, food, and again applies the lesson to themselves.

A nurse gives a demonstration in bathing and the need for careful attention to the hair. The mothers present allow the girls to nurse their babies, in this they are carefully watched, and any errors in holding and handling corrected, reasons being given. The mothers in this lesson become interested and ask many questions.

The girls again pass to the weighing room. They are now asked to read the weights, and told the baby's age in months, and have to write in their notebooks what weight in their opinion baby is. The baby is then weighed and compared with their estimates.

The time is spent in question and answer.

HEART DISEASE.

The heart of the child differs from that of the adult in that it possesses a capacity for physiological growth, as distinct from pathological increase in size. It is my experience to find that until this physiological maximum is reached,—in reply to excessive exercise, or to compensation in diseased conditions,—the child will not give evidence of the heart condition by complaining of shortness of breath.

In valvular disease of the heart, which is the common condition in child life, the increase in size of the heart, in reply to the heart defect or in reply to exercise super-added to such defect is, in my opinion, rather an anticipated physiological growth than a purely pathological one, that is to say every child's heart has an inherent capacity of healthy growth co-ordinate with the general physical growth, and that this healthy growth maximum can be anticipated.

Until this stage is reached, the child does not complain. It thus follows that children, with heart disease, undergoing cardiac enlargement, but still within its physiological adult maximum size, play as other children do, enter into games, even strenuous games, drill, etc., and give no warning of their complaint, until the adult physiological maximum growth is attained and strained.

It is therefore very necessary that these children should be strictly supervised, so as to delay as much as possible hypertrophy (phsiological) and therefore prevent the onset of hypertrophy (pathological) to as late a date in life as may be possible.

CLEANLINESS.

The general condition of the children is good, and at medical inspection it is rare to find it necessary to exclude any child for verminous conditions. This fact reflects great credit upon the School Nurse's work, and also is an evidence of the mutual willing help afforded us in our work by the School Teachers. It is very gratifying to say that in all our work, the Education Committee, the Secretary and his Staff, and all the School Teachers are more than willing to help in every way all our efforts in raising the standard of child life in Darwen.

The parents in this district take a great interest in their children, this is evidenced by the report of the Dentist, who informs me that a large number of the children have their teeth attended to by private dentists as a result of his advice to the parents.

CRIPPLE CHILDREN.

In this area we are fortunate in having a hospital for cripple children, where good work is being accomplished.

During the year 10 cases were admitted from our list, and have been discharged after successful operations or other treatment.

NATURE OF THE CASES:—

Rickets	3
Congenital defects	3
Poliomyelitis	4

Seven other cripple children were treated at Manchester and Liverpool Hospitals.

All these 17 children have been benefitted by the treatment, and are kept under observation at the school clinic.

DEFECTIVE VISION.

OPHTHALMIC SURGEON'S REPORT.

GROUP A.—	Hypermetropic Astigmatism	66
	Mixed Astigmatism	31
	Myopic Astigmatism	36
	Hypermetropia	27
	Myopia	37
	Emmetropia	10
		207
GROUP B.—	Phlyctenular Opthalmia	2
	Blepharitis	2
	Convergent Strabismus	19
		23

I am sorry to say that many parents still refuse to insist upon their children wearing their glasses.

FOLLOWING-UP

WORK OF THE SCHOOL NURSE.

The School Nurse attends at all Medical Inspections, the Dental, Ophthalmic, and Minor Ailments Clinics. She carries out cleanliness inspections at the various schools and pays home visits as required. The number of home visits for the year 1924 was :—

Regarding Treatment	886
Regarding Uncleanliness	535
Total	1421

SCHOOL CLOSURE.

Owing to an epidemic of mumps in the town the following two schools were closed :—

St. James' (Infant Department) June 26th.
St. George's ,, ,, November 12th to December 1st,

While six other schools were kept open, but placed upon a supplementary register.

The outbreak was severe, and many adults, including several Teachers, became infected.

NUMBER EXAMINED IN EACH YEAR OF AGE.

	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	14 yrs
Males	107	64	6	198	60	1	—	263	259
Females	100	53	5	225	76	5	1	242	253

AVERAGE HEIGHT IN INCHES.

	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	14 yrs.
Males	41.15	42.97	44.25.	47.75	48.92	49.75	—	53.82	57.20
Females	41.14	42.32	44.85	47.6	48.79	51.8	54.5	53.6	57.72

AVERAGE WEIGHTS IN POUNDS.

	5 yrs.	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	14 yrs.
Males	39.64	42.53	44.	52.	55.15	55.	—	69.1	82.2
Females	38.2	49.57	47.25	50.2	54.34	62.	65.75	68.4	84.2